MC-05-03 Amendment 0002

To: ALL POTENTIAL OFFERORS

Please note the following changes to the requirement:

See attached corrected pricing sheet.

The closing date is hereby extended until 1200 Noon EST 30 January 2004.

All other terms and conditions of the requirements package remain unchanged.

Questions should be directed to Contract Specialist 22C who may be contacted by telephone at 301-619-6021, by facsimile at 301-619-6793, and by email at Acquisitions@nmlc.med.navy.mil.

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 29 MAR 2004 through 30 SEP 2004. Five option periods will be included which will extend services through 28 MAR 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Family Practice Physicians in the Corpus Christi area. The hourly price includes consideration for the following taxes and insurance that are required:

- (a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.
- (b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>		Quantity	<u>Unit</u>	<u>Unit Price</u>	Total Amount
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Family Practice Physician for the Naval Hospital, Corpus Christi, TX in accordance with this application and the resulting contract.					
0001AA 0001AB 0001AC 0001AD 0001AE 0001AF	Base Period; Option Period I; Option Period II; Option Period IV; Option Period V; TOTAL	01 OCT 05 thru 30 SEP 06 01 OCT 06 thru 30 SEP 07		Hour Hour Hour Hour Hour	 \$	
Printed Name	DUNS #					
Signature	Date					
Email Address						